CENTRAL SECTION

BOROUGH OF SALE.

MINISTRY OF HEALTH
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SALUS ET FELICITAS

ANNUAL REPORTS

OF THE

MEDICAL OFFICER OF HEALTH

AND

CHIEF SANITARY INSPECTOR

FOR THE YEAR 1936.

BOROUGH OF SALE.

ANNUAL REPORTS

OF THE

MEDICAL OFFICER OF HEALTH

AND

CHIEF SANITARY INSPECTOR

FOR THE YEAR 1936.

FOULKES, HALL & WALKER, LTD.,
"MANSEFIELD," ALEXANDRA ROAD, SALE.

HEALTH OFFICERS OF SALE BOROUGH COUNCIL.

Medical Officer of Health.

D. I. CONNOLLY, M.B., Ch.B., D.P.H.

Chief Sanitary Inspector.

J. T. COCKCROFT, A.R.S.I., M.S.I.A.
Certified Meat and Food Inspector.

Additional Sanitary Inspector.

A. E. BARNES, A.R.S.I., M.S.I.A.
Certified Meat and Food Inspector.

Clerk.

W. SHEPHERD.

Clerk—Assistant.

H. L. LATHAM.

BOROUGH OF SALE.

Report of the Medical Officer of Health for the year ending December 31st, 1936.

To His Worship the Mayor, Aldermen and Councillors of the Sale Borough Council.

I have the honour to present to you the Annual Report on the health conditions of the District for the year 1936.

SECTION A.

Statistics and Social Conditions of the Area.

Area.

The area of Sale is 3,628.5 acres.

Population.

The estimated population is ... ... 35,850.
The Registrar General's estimate of the population is 34,340.

Houses.

The number of inhabited houses at the end of 1936 according to the Rate Book is ... ... 11,039.

Rateable Value.

Rateable value of the district ... ... £272,993.
Sum represented by a penny rate ... ... £1,030.

Vital Statistics for the Year.

Births.

Live Births..		Males	Females	Total
Legitimate	514	258	256	
Illegitimate	20	7	13	534.

Birthrate per thousand of the Medical Officer's estimated resident population ... ... 14.89.
Birthrate per thousand of the Registrar General's estimated resident population ... ... 15.55.
Still Births ... ... Total 34.
Rate per thousand (live and still) births ... 59.85.
Rate per thousand of the Medical Officer's estimated resident population ... ... .94.
Rate per thousand of the Registrar General's estimated resident population ... ... .99.

Deaths.

Males	Females
209	201

Total number of deaths	410.
Rate per thousand of the Medical Officer's estimated resident population	11.43.
Rate per thousand of the Registrar General's estimated resident population	11.93.
Death Rate for England and Wales 1936 ...	12.1.
Corrected Death Rate for comparison with the above Death Rate for England and Wales is 11.93 X Correction Factor 1.04	12.4.

Deaths from Puerperal Causes.

Puerperal Sepsis	Nil.	
Other puerperal causes	Nil.	
Total	Nil.	
Rate per thousand total (live and still) births ...		Nil.

Infantile Deaths.

All infants under 1 year of age—Total Deaths	22.
All infants per 1,000 live births...	41.1.
Legitimate infants per 1,000 legitimate births ...	42.8.
Illegitimate infants per 1,000 illegitimate births	Nil.

Deaths from Tuberculosis.

Respiratory System.

Males	Females	
6	2	8.

Non-Respiratory System.

Males	Females		
1	1		2.
		Total Deaths	10.

Deaths from Cancer (Malignant Disease).

Males	Females		
30	40	Total Deaths	70.

Deaths from Zymotic Diseases.

Measles	All ages	1.
Scarlet Fever	,, ,,	Nil.
Whooping Cough	,, ,,	1.
Diphtheria	,, ,,	12.
Smallpox, Fever and Diarrheoa ...	,, ,,	Nil.

The Zymotic Death Rate is 0.39.

Causes of Death.

	Males	Females.
Measles	–	1
Whooping Cough	1	–
Diphtheria	6	6
Influenza	4	3
Respiratory Tuberculosis	6	2
Other Tuberculosis	1	1
Cancer	30	40
Diabetes	4	6
Cerebral Haemmorrhage	17	9
Heart Disease	51	59
Aneurysm...	2	–
Other Circulatory	15	13
Bronchitis...	11	4
Pneumonia	10	10
Other Respiratory	1	–
Peptic Ulcer	1	2
Appendicitis	1	–
Cirrhosis of Liver...	1	1
Other Liver Diseases	1	1
Other Digestive	–	8
Nephritis	12	6
Congenital Causes, etc	9	8
Senility	1	2
Suicide	1	1
Other Violence	7	5
Other Defined Causes	16	12
Ill-defined Causes	–	1
TOTAL	209	201

Review of Vital Statistics 1936.

Once again we have to report an increase of population. This year's increase is 1,100 by the Medical Officer's estimate, and if we take the Registrar General's estimate, the figure is 2,020. We are now practically 36,000. Coincident with this is the increase in the number of inhabited houses, an increase (taking only the last three years) of 1,944. Taking the same interval of time the Rateable Value of the District has increased by £53,737, and the sum represented by a penny rate in corresponding proportion.

Another pleasing feature is the steady rise of the Birthrate which stands at 14.89 (or 15 approximately) per thousand per annum. As against this the Still Births Rate has increased very much this year, and what is more important, it shows a steady increase since 1933. The reasons for this state of affairs are varied and need not be gone into here.

Our Birthrate is practically the same as that for the whole Country for the year, but our Still Births Rate is 50 per cent greater than that of the whole Country.

Our Death Rate is similar to that for England and Wales 12.4 (to 12.1).

Of the causes of Death, Heart Disease and Diseases of the Circulatory System account for most, together with Pneumonia, Bronchitis and Chest Disorders. There is a marked increase in the number of deaths from Cancer, these latter being no less than 17 per cent of the total deaths.

Tuberculosis shows a slight decrease in the number of deaths as compared with last year. Suicide and Violence still provide their quota.

Unfortunately no less than 12 deaths were due to Diphtheria, a death rate of 11 per cent of all cases notified. This shows clearly the extreme virulence of the infection and the deadly nature of the organism concerned. Otherwise the Zymotic death rate is 0.39.

This year we have not to record any deaths arising either during or from the Puerperium. The maternal mortality rate for the whole Country is 3.81 per 1,000 live births.

Our infantile death rate is very good only 41.1 per 1,000 live births. The corresponding figure for the whole Country is round about 60. The good work of the Welfare Centre followed up by the intensive applications thereof by the Health Nurses is surely being manifested in the low infantile death rate of the District. An improved health consciousness amongst the mothers is also being steadily generated. The numbers attending the Centre weekly are evidence of this fact.

SECTION B.

General Provision of Health Services for the Area.

Laboratory Facilities.

The Specimens are submitted to the Department of Bacteriology and Preventive Medicine of the University of Manchester, and the Laboratory of Evans Biological Institute, Runcorn.

During 1936

80 throat and nose swabs for Diphtheria were examined of which 18 were positive (University of Manchester).

196 throat and nose swabs for Diphtheria were examined of which 45 were positive (Evans Biological Institute).

During 1936

70 specimens of sputum bacteriologically examined for Tubercle Bacillus by the Public Health Laboratory of the County of Chester, 16 of these were positive.

6 specimens of sputum were bacteriologically examined for Tubercle Bacillus by the Department of Bacteriology and Preventive Medicine of the University of Manchester. All were negative.

One sample of water was examined bacteriologically.

Ambulance Facilities.

Two up-to-date Motor Ambulances, and necessary staff, are maintained by the Local Authority. Cases of accident and non-infectious cases, are conveyed to and from various hospitals. Special ambulances are provided by the Isolation Hospital to remove infectious cases.

A large number of accident cases occurring in the Borough are conveyed by ambulance to Altrincham Hospital just outside our district boundary. Whilst fully appreciating this service, it is to be hoped that the day is not far distant when the Borough will have its own General Hospital to deal with its own accident cases.

Nursing in the Home.

This, in the main, is done by the District Nurses attached to, and under the control of, the Sale War Memorial Hospital and the Ashton-on-Mersey Hospital and Nursing Home. These are supported by voluntary contributions and I cannot speak too highly of the most efficient and satisfactory services carried out by them. Under special circumstances, the Local Authority may provide extra nursing help. Notifiable infectious cases are not attended by the District Nurses.

Treatment Centres and Clinics, including Clinics solely for diagnosis or consultation.

Apart from the Ante-Natal Clinic and the small Clinic concerned with the School Medical Service, there are no other Centres in the District. Extensive use, however, is made of the many excellent Centres and Clinics connected with the various hospitals in Manchester and Salford.

The District Tuberculosis Officer sees patients referred to him at the Altrincham General Hospital where also he carries out X-ray examinations of the Chest with a view to early diagnosis and treatment of Tuberculosis.

Hospitals : Public and Voluntary.

We have at present two voluntary hospitals, the Sale War Memorial Hospital and the Ashton-on-Mersey Hospital and Nursing Home. Beds are provided at both Hospitals for Medical and Surgical cases. Maternity cases are also admitted, these latter being a particularly important branch of the work done at the Sale War Memorial Hospital. It is greatly to be hoped that further large extensions may yet take place at the latter Hospital, so as to provide a thoroughly up to date Hospital such as is consistent with the size and importance of the Borough of Sale. All that is needed is a thorough stirring up of civic pride and patriotism, and a loyal whole hearted co-operation of all citizens in this most important work.

Infectious Disease Hospital.

By arrangement with the Manchester Corporation and the Bucklow Joint Hospital Board, notifiable infectious cases which cannot be nursed at home are removed to Monsall Hospital. It is not generally known that many notifiable infectious cases can be efficiently isolated in their own homes in a residential district such as ours. The trend of medical opinion is towards home treatment of Scarlet Fever patients in a majority of cases. As a rule Diphtheria cases must be removed to Hospital.

Welfare Centre.

The Sale Welfare Centre is doing most useful work. It is one of the best run Centres in the County. Every credit is due to the members of the Voluntary Committee who so unselfishly give their time to this important branch of Public Health. Thanks are also due to the Nursing Staff and the local medical practitioners who are, of course, the essence of the scheme.

A rota or panel of doctors is in existence to be called upon each year to take turns in attendance at the Centre.

That the Centre is well appreciated is shown by the large number of mothers and babies who attend regularly. Two sessions are held during the week, Monday and Thursday afternoons. In addition various other activities of a beneficial nature are carried on each day. Special mention should be made of the Ultra Violet Therapy which is under the care of a competent trained nurse. Clinics for dental cases and eye cases are also held at the Centre regularly. Needless to say, both these Clinics are doing excellent work. Both these latter come under the control of the County Authority.

Unmarried Mothers, Illegitimate and Homeless Children.

The Public Assistance Committee acting through the Relieving Officer provide institutional care for this class of the community. Quite a lot of good unobtrusive work is done also by charitable persons in regard to unmarried mothers, or by societies connected with various religious bodies in Manchester and District.

Annual Report of the Chief Sanitary Inspector, for the Year 1936.

Public Health Department,
Town Hall,
SALE.

His Worship the Mayor, Aldermen and Councillors of the Sale Borough Council.

Gentlemen,

I beg to submit my Annual Report on the Sanitary Administration for the year ended December 31st, 1936.

SECTION C.

Sanitary Circumstances of the Area.

The Water Supply.

The Water Supply of the district is good and adequate, and is provided by arrangement with the Manchester Corporation.

Drainage and Sewerage.

Sewer extensions have been made to new building sites, and the Sewage Works has been quite capable of dealing with the increased flow.

Rivers and Streams.

There has been no necessity for any formal action with respect to either pollution or obstruction of water courses during the year.

Closet Accommodation.

During the year the following improvements have been effected :—

Three pail closets converted to water closets.

Four privy closets converted to water closets.

At two day schools the old tank flushing trough closets have been replaced by modern pedestals with individual flushing cisterns.

Three additional water closets have been provided at premises where the accommodation was insufficient.

There are only 49 houses where the closets are on the conservancy system, and these are mainly at outlying parts where it is not possible to convert to water closets.

Public Cleansing.

The collection and disposal of 'household refuse' is dealt with by the Health Department Staff under the direction of the Chief Sanitary Inspector.

The refuse is collected weekly from all premises where dust bins are provided and the few ashpits remaining are emptied at least once per month by horse and cart.

The vehicles used are of modern design with large capacity bodies, provided with metal covers and low loading line.

At the close of the year it was found that by the increase in the number of houses the transport was taxed almost to its limit.

Modern lay-out of Housing Estates with ‘ long wheel-outs ’ and the tendency to use more gas and electricity for heating, has the effect of increasing the cost of refuse collection from each house.

That hardy annual observation has to be made that ‘If the ratepayers would burn more of their paper and otherwise dispose of garden refuse, it would be a great saving in collection costs.’

More than half the bulk of refuse collected consists of paper or garden refuse.

The Shopkeepers could also reduce costs by having their material packed in suitable size parcels instead of leaving it all over the backyard as some do.

Refuse Collection and Disposal Costs.

The following are the latest figures as reported to the Ministry of Health :—

Particulars	Collection, with depreciation or loan charges included or excluded		Disposal, with depreciation or loan charges included or excluded.		Total.	
	Included	Excluded	Included	Excluded	Included	Excluded
	£	£	£	£	£	£
Gross Expenditure	3814	3513	1061	954	4875	4467
Gross Income	10	10	8	8	18	18
Net Cost	3804	3503	1053	946	4857	4449
UNIT COSTS	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
Gross Expenditure per ton	9 4	8 6	2 5	2 2	11 9	10 8
Net Income per ton	–	–	–	–	–	–
Net Cost per ton	9 4	8 6	2 5	2 2	11 9	10 8
Net Cost per 1,000 of pop.	£ 118	£ 108	£ 32	£ 29	£ 150	£ 137
Net Cost per 1,000 houses or premises from which refuse is collected	376	347	104	94	480	441

Total Refuse collected in tons 8,200 tons (Test weighing).

Sanitary Inspection of the Area.

Inspections Made During the Year.

House inspections for defects, etc....	947
House inspections for Infectious Diseases	217
Workshops and Factory Inspections	49
Bakehouses and Food Shops	32
Slaughterhouses and Butchers' Shops	210
Cowsheds and Dairies	57
Piggeries	11
Miscellaneous	170
Letters and Informal Notices	309
Statutory Notices served	3
Complied with by owners	Nil.
Work done by L.A. in default	3
Demolition Orders outstanding at the end of the Year	5 affecting 5 houses.

Work Carried Out During the Year.

Defective roofs	15
,, gutters	20
,, rainwater fallpipes	7
,, soilpipes	5
,, sinks	9
,, sinkwaste pipes	14
,, floors	11
,, fire-ranges	3
,, ovens	2
,, chimney stacks	1
,, yard surfaces	7
,, washboilers	2
,, plaster	12
,, pointing to brickwork	15
,, brickwork	11
,, windows and doors	10
,, drains	45
,, waterclosets	14
,, closet cisterns	3
,, damp walls	29
,, drains re-constructed	9
Dangerous walls and chimneys	7
Offensive refuse removed	11
Nuisances arising from keeping of animals	4
Additional W.C.'s provided	3
New Dairies provided	2
Trough Closets at Schools converted to W.C.'s	19
Conversions from Privy Closets to W.C.'s	4

Conversions from Pail Closets to W.C.'s	3
Rats	17
Ashpits to bins	68
Bins renewed	475

Repairs Carried Out Under The Housing Acts.

Defective roofs	18
,, gutters	5
,, rainwater fallpipes	9
,, sinkwaste pipes and drains	9
,, floors	19
,, fire-ranges	5
,, ovens	1
,, chimney stacks	1
,, yard surfaces and passages	18
,, washboilers	6
,, plastering	14
,, pointing and brickwork	17
,, windows and doors	18
,, water closets	9
,, staircases	9
,, steps	9
Vertical damp-proof courses provided	9
Cupboards provided to houses	5

Shops.

The two Sanitary Inspectors are the Shops Acts Inspectors, and are responsible to the Council for the administration of the Shops Acts.

The majority of the Shopkeepers definitely try to comply with the Acts, but there have been eleven cases where warnings have had to be given.

No Statutory Action has been taken during the year with respect to the closing of shops or assistants' hours of employment.

One Statutory Notice has been served with respect to three lock-up shops where the sanitary accommodation was not sufficient, and, as a result, two additional water closets have been provided.

Smoke Abatement.

This being a residential area we do not get any large industrial smoke problem produced locally.

Swimming Baths and Pools.

We have in the district two Public Swimming Baths, one owned by the Local Authority and the other privately owned.

Both these swimming baths are efficiently conducted and modern methods of filtration and chlorination are employed to provide a pure supply of water to the swimming pools.

Inspections have been made during the year, and no cause for complaint has been found.

Eradication of Bed-bugs.

1.	(a)	Number of Council Houses found to be infested ...	13
	(b)	Number of Other Houses found to be infested ...	11
	(i)	Number of Council Houses disinfested	13
	(ii)	Number of Other Houses disinfested	11

2. **Method employed for Freeing Infested Houses from bed-bugs.**

Hydro-Cyanic Acid Gas—where infestation is of long standing or badly infested.

One secret process suspected of being Sulphur Dioxide ($SO2$) tried on four houses, but did not prove satisfactory and was discontinued.

Where infestation is slight or definitely localised, Atomized spraying with Liquid Insecticide.

3. **Method employed for ensuring that the belongings of tenants are free from vermin before removal to Council Houses.**

In ordinary removals, enquiries are made prior to removal, and action taken if necessary to disinfest prior to removal.

In slum clearance work if the block of houses to be cleared is infested, all goods are treated with Hydro Cyanic Acid Gas in closed vans.

4. **Whether the work of disinfestation is carried out by Local Authority or Contractor.**

Hydro-Cyanic Acid Gassing is only done by Contract.

Spraying is done by the Local Authority, and, in some cases, the tenants are provided with spray and Insecticide to follow up the work done by the Local Authority.

Schools.

Our powers are somewhat limited as we are not the Education Authority, but it is pleasing to note that during the year the Sanitary Conveniences at two schools have been brought up to modern standards by the provision of proper pedestal basins with separate flushing cisterns to each water closet.

The school accommodation is being taxed to its limit, owing to the rapid growth of the district, but the Education Authority have schemes in hand for the provision of additional schools.

The condition of some school yards still continues to be in a very unsatisfactory state owing to lack of drainage and bad surfaces.

SECTION D.

Housing Statistics.

Total number of houses built during the year	888
(a) By private enterprise	888
(b) By the Local Authority	—

1. Inspection of dwelling houses during the year :—

1. (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	218
(b) Number of inspections made for this purpose ...	612
2. (a) Number of dwelling-houses (included under sub-head 1 above) which were inspected and recorded under the Housing Consolidated Regulations 1925	74
(b) Number of inspections made for the purpose ...	226
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	38
(4) Number of dwelling houses (exclusive of those referred to under the preceeding sub-head) found not to be in all respects reasonably fit for human habitation	180

2. Remedy of Defects during the Year without Service of formal Notices :—	
Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Offices	158
3. Action under Statutory Powers during the Year	
(a) Proceedings under Sections 17, 18 and 23 of the Housing Acts 1930.	
(1) Number of dwelling houses in respect of which notices were served requiring repairs	Nil.
(2) Number of dwelling houses which were rendered fit after service of formal notices	
(a) By owners	Nil.
(b) By Local Authority in default of owners	Nil.
(b) Proceedings under Public Health Acts.	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	7
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners	Nil.
(b) By Local Authority in default of owners	7
(c) Proceedings under Section 19 and 21 of the Housing Act, 1930 :	
(1) Number of dwelling houses in respect of which Demolition Orders were made	Nil.
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	6
(d) Proceedings under Section 20 of the Housing Act 1930 :	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil.
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil.
4. Housing Act 1935—Overcrowding.	
(a) (1) Number of dwelling houses overcrowded at the end of the Year	37
(2) Number of families dwelling therein	38
(3) Number of persons dwelling therein	302

(b)	Number of new cases of Overcrowding reported during the Year	11
(c)	(1) Number of cases of Overcrowding relieved during the Year	22
	(2) Number of persons concerned in such cases...	173
(d)	Particulars of any cases in which dwelling houses have again become Overcrowded after the Local Authority have taken steps for the abatement of Overcrowding...	Nil.
(e)	Any other particulars with respect to Overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report	

SECTION E.

Inspection and Supervision of Food.

Milk Supply.

As the land which previously had been used for grazing is being built upon, the Milk produced in the district is being reduced, and we are becoming more dependent for our supply on outside sources.

All farms and dairies are regularly inspected. Informal action has been taken on several occasions during the year, but no Statutory Action has been necessary.

It is pleasing to note that there has been an increase in the number of persons licensed to sell Graded Milk in the area.

We have on the register 18 producers and 94 purveyors of Milk, of these 50 have premises within the district, 24 are registered for the sale of bottled Milk and Cream only, and the remaining 20 sell Milk in the district but their premises are registered in other areas.

15 are licensed to sell Tuberculin Tested Milk.
7 ,, ,, ,, ,, Accredited Milk.
5 ,, ,, ,, ,, Pasteurised.
2 ,, ,, ,, bottle Tuberculin Tested Milk.
2 ,, ,, to ,, Accredited Milk.
1 is licensed to produce and sell Tuberculin Tested Milk.
2 are licensed to produce and sell Accredited Milk.

Report on Samples of "Tuberculin Tested" Milk produced in Borough.

No.	Date	Bacterial Count	B. Coli present in .1	.01
1	17. 3.36	500	–	–
2	16. 4.36	4,500	–	–
3	23. 4.36	2,000	–	–
4	14. 5.36	2,500	–	–
5	17. 6.36	2,000	–	–
6	14. 7.36	700	–	–
7	22. 7.36	200	–	–
8	7. 8.36	220	–	–
9	31. 8.36	1,500	–	–
10	10. 9.36	3,000	–	–
11	29. 9.36	3,000	–	–
12	28.10.36	200	–	–
13	13.11.36	12,000	–	–

Report on Milk Samples Taken for Bacteriological Examination during the Year.

No.	Date	Milk	Local	Bacterial Count	B. Coli. .1	.01	Tuberculosis
1	4.5.36	Mixed	–	3,300	Yes	–	–
2	28.5.36	Mixed	Local	–	–	–	Negative
3	1.6.36	Mixed	Local	–	–	–	Negative
4	1.6.36	Mixed	Local	–	–	–	Negative
5	3.7.36	Mixed	Local	505	–	–	–
6	29.9.36	Mixed	Local	120	–	–	–

Meat and Other Foods (Slaughter-houses).

We have on the register nine licensed Slaughter-houses. These are inspected frequently at the time when slaughtering is taking place. If a suitable central slaughter-house could be provided, it would facilitate the inspection of carcases.

A large proportion of the meat sold in this area is slaughtered outside the district in a Public Abattoir.

The standard of meat sold, both local killed or otherwise, is of good quality.

The butchers shops continue to be kept in a satisfactory condition, but some butchers have had to have their attention drawn to making proper provision for the adequate protection of meat when windows are left open.

The following foodstuffs have been voluntarily surrendered and destroyed as being unfit for human food :—

3	Pigs Heads.
1	Beasts Head and 2 Livers.
3	Tins Veal.
3	Barrels Grapefruit.
40	℔s Beef.

Factories, Workshops and Workplaces.

1. Inspection of Factories, Workshops and Workplaces, including inspections made by Sanitary Inspectors or Inspectors of Nuisances.

PREMISES (1)	Number of		
	Inspections (2)	Written Notices (3)	Occupiers prosecuted (4)
Factories... ... ... (including Factory Laundries)	41	4	–
Workshops ... ... (including Workshop Laundries)	8	–	–
Workplaces ... ... (Other than Outworkers' premises)	–	–	–
TOTAL	49	4	–

2. Defects found in Factories, Workshops and Workplaces.

PARTICULARS (1)	Number of Defects			Number of offences in respect of which Prosecutions were instituted. (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
Nuisances under the Public Health Acts :—				
Want of Cleanliness... ...	1	1		–
Want of Ventilation ...	1	1		–
Overcrowding				
Want of drainage of floors...				
Other Nuisances				
Sanitary Accommodation: insufficient	1	–		–
Sanitary Accommodation: unsuitable or defective	2	2		–
Sanitary Accommodation: not separate for sexes	–	–		–
Offences under the Factory and Workshops Act :—				
Illegal occupation of underground bakehouse (s. 101)...				
Other Offences... ... ... (Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order 1921)				
TOTAL	5	4	–	–

I wish to tender my thanks to the Chairman and Members of the Health Committee for their support; to the Medical Officer of Health for his valued advice, and to Officers in other Departments for information supplied.

I am, gentlemen,

Your obedient servant,

J. T. COCKCROFT, A.R.S.I.
Chief Sanitary Inspector.

SECTION F.

PREVALENCE, AND CONTROL OF INFECTIOUS DISEASES.

Summary of Infectious Diseases other than Tuberculosis.

Disease	Total No. of Cases	Cases Removed to Isolation Hospital	At Ages—Years												Total Deaths
			Under 1	1–2	2–3	3–4	4–5	5–10	10–15	15–20	20–35	35–45	45–65	Over 65	
Scarlet Fever	75	43	–	–	3	4	6	36	12	7	4	2	1	–	–
Diphtheria	109	107	1	1	7	5	9	51	24	5	5	–	1	–	12
Erysipelas	14	10	–	–	–	–	1	1	–	2	2	4	3	1	–
Pneumonia	28	–	2	1	1	1	–	1	2	1	9	1	6	3	20
Typhoid Fever	1	1	–	–	–	–	–	–	–	–	–	1	–	–	–
Puerperal Fever	1	1	–	–	–	–	–	–	–	1	–	–	–	–	–
Puerperal Pyrexia	2	–	–	–	–	–	–	–	–	–	2	–	–	–	–
TOTALS ...	**230**	**162**	**3**	**2**	**11**	**10**	**16**	**89**	**38**	**16**	**22**	**8**	**11**	**4**	**32**

Infectious Diseases.

Those cases of Infectious Disease which it is not possible to nurse at home are conveyed to the Monsall Isolation Hospital in a Monsall Hospital Ambulance. This is done under an agreement with the Manchester Corporation and the Bucklow Joint Hospital Board of which we are a Constituent Authority.

As previously stated, the trend of Public Health Authorities is towards the more extensive nursing of Scarlet Fever cases at home. Under the aegis of the Medical Research Council, an epidemiological study of Scarlet Fever in England and Wales since 1900 was undertaken by Hilda M. Woods, and it was published in 1933. It is stated therein that during the period studied " no evidence has been found to prove that hospital isolation has been effective in reducing the prevalence or mortality from Scarlet Fever." The mortality from Scarlet Fever has notably diminished during the last 30 years. Quite probably this may be only " the trough of the wave." The incidence of the disease has not at all diminished in similar proportion, except in Wales where a heavy fall has taken place. Another point worth noting is that there are considerable differences in different places in the age incidence of Scarlet Fever. In London and Manchester, the greatest number of cases occurred at the age of five years, that is the age at which children are compelled to go to school. Other large centres showed wide differences in the age incidence. Our own observations would lead us to believe that it is not at all necessary, except in cases of exceptional home conditions, to send Scarlet Fever cases to an Isolation Hospital.

Diphtheria and Immunisation Problems.

Diphtheria is probably the most dreaded of all children's diseases, and perhaps rightly so, because the danger of death is present almost from the very beginning of the infection. Sometimes a fatal termination occurs within 48 hours. Sudden death has been known to occur in the convalescent stage from heart failure due to poisoning of the heart muscle. One of the most distressing sequelae of Diphtheria is that of paralysis of various muscles, and often the muscles concerned, with the act of swallowing. Chronic discharges may remain, e.g., from the ear and nose and be a source of infection to others.

The most susceptible age period is that between soon after birth and the entrance into school life—say at five years of age. Cases may occur at all ages and even in adults, and deaths have occurred amongst the latter. The winter months seem to be the worst months in incidence rates, although this does not always hold true. No doubt climatic conditions predispose to the ailment, i.e., where such conditions lead to lowering of general vitality.

The common notion that 'smells' and emanations from sewers, &c., cause Diphtheria is not supported by careful observations and facts. Sore throats may be caused by such effluvia and even this is not proved. On the other hand, it is fairly safe to say that children who have had their tonsils removed are very much less prone to attacks of Diphtheria. Strange to say, also, overcrowding 'per se' does not deem a direct cause of Diphtheria. Where overcowding exists, together with gross insanitation, then an attack may be initiated—but for reasons which will be stated later.

The problem of how to eradicate Diphtheria from the community is indeed a difficult one. We must first decide what we mean by immunisation against Diphtheria (and here let it be understood that in the Borough of Sale, we have not, as a Public Authority, made use of the Schick Test, hence immunisation is taken to mean three inoculations of T.A.M., at intervals of two weeks between each inoculation).

To quote again the Medical Research Council, a report was issued in 1934, entitled "ACTIVE IMMUNISATION AGAINST DIPHTHERIA AND ITS EFFECT ON THE DISTRIBUTION OF ANTITOXIC IMMUNITY AND CASE AND CARRIER INFECTION," by Sheldon F. Dudley, Percival M. May and Joseph A. O'Flynn, with a note by J. Orr Ewing. Several tentative conclusions were come to and it may be useful to quote a few of them :—

1. Artificial active immunisation is an almost certain protection against recognisable clinical Diphtheria.
2. In protected subjects, Diphtheria becomes modified to a trivial illness. This illness may be **real** Diphtheria and not merely a sore throat 'camouflaging' a carrier infection.
3. Active immunisation is no protection against Diphtheria carrier infection and may increase the number, **under certain conditions,** of virulent carriers.
4. Individuals show great variation in their response to natural or artificial antigenic stimuli.

Following on these conclusions it would seem safe to suggest that the sooner all 'susceptibles' are immunised the better. When this happy state is arrived at, then the whole community would be considered safe from the ravages of Diphtheria.

Here we must distinguish between natural immunity and artificial acquired immunity. The child at birth is immune to infectious disease owing to the protective antibodies in its blood passed on and developed in the placental blood stream of the mother. This applies even more strongly to the case of the breast fed child, because the same or similar antibodies are taken in with the mother's milk. The child is thus rendered 'immune' or, as is said, becomes naturally immune. This natural immunity only lasts for a certain number of months, usually round about nine months.

Another way in which an individual becomes naturally immune to infection is by being exposed to constant minute doses of the infective organism. Thus 'carriers' may be the means of conferring immuntiy on their neighbours provided the above conditions are present. The body re-acts to these minute doses and there are substances manufactured in the blood of the attacked individual which neutralise, or are opposed to, the germ or its toxin. These substances are known as antibodies and they are specific in their action. But 'carriers' can also (and often do) infect others with Diphtheria germs to such extent as to produce definite clinical Diphtheria of a most viruient type. Of course existing cases of Diphtheria will infect contacts in the same way.

Now to go back to Conclusion No. 1. Every effort must be made to produce certain protection against recognisable clinical Diphtheria by **artificial active immunisation.** That is to say, the individual must be inoculated by a substance known as T.A.M. (toxoid antitoxin mixture) which confers comparatively shortly the immunity mentioned.

I do not intend to go into details regarding what exactly is T.A.M., suffice it to say that its results are definite and **specific** in that it produces in the blood of the recipient those antibodies, already mentioned, and in great excess.

This is the method that we have been carrying out in Sale for several months now. But our ambition should be to protect every single member of the child population, at any rate up to the age of 9 years, and especially and particularly all children before they reach the age of compulsory school attendance.

Scientifically it could be demonstrated that every pregnant mother should receive doses of T.A.M. before the birth of her child, to render it doubly sure of natural immunity. Also **all** members of a household under 15 years of age should be immunised at or about the same time. In this way, ultimately, the community would be practically protected against Diphtheria.

Diphtheria Immunisation.

Total number of children immunised during the year	256
Number of children under 5 years of age immunised during the year	92
Number of school children immunised during the year	164
Total number of children 1 to 15 years of age immunised since the commencement of Scheme in 1935.	2,157
Approximate percentage of school children now immunised	47%

Tuberculosis.

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0–	–	–	–	–	–	–	–	–
1—	–	–	–	2	–	–	–	–
5—	1	–	5	4	–	–	–	–
15—	2	9	5	–	1	1	–	–
25—	5	2	1	1	1	–	–	–
35—	6	3	–	–	2	–	–	–
45—	1	1	1	1	1	1	–	–
55	1	–	–	–	1	–	1	1
65 and upwards	–	1	–	–	–	–	–	–
TOTALS ...	**16**	**16**	**12**	**8**	**6**	**2**	**1**	**1**

Tuberculosis.

Grouping Tuberculosis cases together there was an increase in the number notified during 1936, as compared with other years. The death roll is slightly less. Although this disease has not such a hopeless ring about it as of years gone by, it is still a formidable enemy both in its incidence and its mortality rate.

This is pre-eminently one of those diseases not entirely medical in its concept. The social worker and all public spirited people are seriously concerned with the problem of its control and eradication from the community.

A distinction must also be drawn between Pulmonary and Non-Pulmonary Tuberculosis, the latter also could be roughly sub-divided into that occurring in children and the Non-Pulmonary Tuberculosis of adults.

On the social and economic side, it may be taken for granted that the individual who has to undergo severe prolonged physical strain, with either insufficiency of food, or food of an unwholesome character, combined with poor wages and the consequent continued struggle for a bare existence, he or she is the person who is going to be attacked by the Tubercle Bacillus.

Then if also, the living accommodation is such that serious overcrowding is inevitable, and that the dwellings have not a sufficiency of sunlight and ventilation, then indeed you have the ideal 'soil' for the Tuberculosis germ, and need we say that taking the Country all through, there are many such cases.

How can this be remedied ? By removing all these terrible conditions, by seeing to it that men and women have a sufficiency of good wholesome food, and that no house is denied the entry of fresh air and sunlight. By endeavouring to improve the lot of the hardest hit, both economically and socially, for it is a truth that " man, being born, has the right to live "— and to live in decent frugal comfort.

As regards particularly the Non-Pulmonary type occurring in children, this problem is closely related to a pure milk supply. Again, often owing to economic causes, parents cannot afford to supply pure milk to their very young children (here it may be said that for infants up to nine months of age, the mother's breast milk is the food par excellence). Where this is not available, undoubtedly the next best is cow's milk from healthy cows.

It is now accepted that there is a type of Tuberculosis known as Bovine Tuberculosis, which is conveyed to human beings usually from the ingestion of infected cow's milk, or possibly by direct infection from a Tuberculous cow. This brings us right up against the problem of the milk supply.

Goat's milk is an excellent alternative to cow's milk, and, as a rule, it is of good nutritive value and free from liability to Tuberculosis.

Practically, however, cow's milk is the main source to be considered especially for the feeding of infants in the first year of life. Given a healthy cow housed in dry airy sanitary buildings, and given healthy individuals to milk the cow, under conditions of almost surgical cleanliness, and granted that the milk is cooled and covered in sealed vessels and that such milk is consumed in, say fours hours after milking, then that milk is practically ideal milk and most suitable to replace mother's milk.

If such milk cannot be got then the next best is milk that has been subjected to **efficient guaranteed** pasteurisation. This latter process destroys all pathogenic germs, including the Tubercle Bacillus and the B.Coli group. The essential qualities of the milk still remain without destroying the vitamins which are present naturally in the milk. Also, the cream content remains the same. There may be a slight alteration in the taste of the milk but even that is a matter of divided opinion. The advantages of pasteurised milk (always assuming that the pasteurising plant is efficient) far outweigh any possible disadvantages from the point of view of Public Health. At the same time, the crusade against Tuberculous cattle must not be relaxed. They must be segregated and destroyed where necessary. I would also suggest that there should be only one standard of milk—the very best. There should not be any monetary inducements to this end, it should be a "sine qua non". As regards dried milk powders these should only be used when the other liquid food cannot be obtained. Usually, however, economic questions are involved here, and those are at present outside the scope of this review.

I wish to thank the Chairman of the Health Committee, Members and Officers of the Council, and the Staff of the Health Department for their support and co-operation.

I am,

Your obedient Servant,

D. I. CONNOLLY, M.B., Ch.B., D.P.H., Vict.
Medical Officer of Health.